## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number うぇ? らり - りゅじょのj

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |               |                               |                                 |                  |            | SMALL ENTITY TYPE   |                        |    | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|---|---|---------------|-------------------------------|---------------------------------|------------------|------------|---------------------|------------------------|----|-------------------------------|------------------------|
| TOTAL CLAIMS  |   |   | 18            |                               |                                 |                  | ſ          | RATE                | FEE                    |    | RATE                          | FEE                    |
| FOR   |   |   | NUMBER FILED  |                               | NUMBER EXTRA                    |                  |            | BASIC FEE           | 370.00                 | OR | BASIC FEE                     | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | √ ? minus 20= |                               | *                               |                  |            | X\$ 9=              |                        | OR | X\$18=                        |                        |
| INDEPENDENT CLAIMS  |   |   | 2. minus 3 =  |                               | *                               |                  | Ì          | X42=                |                        | OR | X84=                          |                        |
| MU  | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT        |                               |                                 |                  |            | +140=               |                        | OR | +280=                         |                        |
| * If the difference in column 1 is less than zero, ento   |   |   |               |                               | r "0" in c                      | olumn 2          | L          | TOTAL               |                        | OR | TOTAL                         | DUT                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |   |   |               |                               |                                 |                  |            | SMALL E             | ENTITY                 | OR | OTHER<br>SMALL E              |                        |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID | HEST<br>IBER<br>OUSLY           | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE | Į. | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus         | **                            |                                 | =                |            | X\$ 9=              |                        | OR | X\$18=                        |                        |
|   | Independent   | *   | Minus         | ***                           | TOLAIL.                         | =                |            | X42=                |                        | OR | X84=                          |                        |
|   | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEF   | ENDEN                         | LAIM                            |                  | ¹          | +140=               |                        | OR | +280=                         |                        |
|   |   |   |               |                               |                                 |                  | L,         | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE           |                        |
|   |   | (Column 1)                                |               |                               | mn 2)                           | (Column 3)       | . ′        |                     |                        |    |                               |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | *             | NUM<br>PREVI                  | HEST<br>MBER<br>NOUSLY<br>FOR   | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus         | **                            |                                 | =                |            | X\$ 9=              |                        | OR | X\$18=                        |                        |
|   | Independent   | *   | Minus         | ***                           | T.O. A.D.                       | =                |            | X42=                |                        | OR | X84=                          |                        |
| Ľ   | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEF   | LNDEN                         | I CLAIM                         |                  | 1          | +140=               |                        | OR | +280=                         |                        |
|   |   |   |               |                               |                                 |                  | 1          | TOTAL<br>ADDIT. FEE |                        |    | TOTAL<br>ADDIT. FEE           |                        |
|   |   | (Column 1)                                |               |                               | ımn 2)                          | (Column 3)       |            |                     |                        | _  |                               |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUN<br>PREVI                  | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus         | **                            |                                 | =                | ↓ [        | X\$ 9=              |                        | OR | X\$18=                        |                        |
| AME   | Independent   | *   | Minus         | ***                           | IT OL ALL                       | ]=               | <b>↓</b> ┃ | X42=                |                        | OR | X84=                          |                        |
| ا   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |               |                               |                                 |                  | 1          | +140=               |                        | OR | +280=                         |                        |
| *   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |               |                               |                                 |                  |            |                     |                        |    | TOTAL                         |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |               |                               |                                 |                  |            |                     |                        |    |                               |                        |